



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Christopher Stinebert, Treasurer
Manufactured Housing Institute Political
Action Committee (MHI PAC)
2101 Wilson Boulevard, Suite 610
Arlington, VA 22201

JUL 11 2001

Identification Number: C00043463

Reference: 30 Day Post-General Report (10/19/00-11/27/00)

Dear Mr. Stinebert:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee and its affiliates from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in

MANUFACTURED HOUSING INSTITUTE POLITICAL ACTION COMMITTEE
(MHI PAC)
PAGE 2

writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-The totals listed on Lines 6(e), 11(a)(iii), 11(d), 19, and 20, Column B of the Summary and Detailed Summary Page(s) appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B totals. Please amend your report and any subsequent reports that may be affected by this correction.

-Your calculations for Line 8 appear to be incorrect. Cash-on-hand at the close of the current reporting period should always equal the closing calendar year-to-date cash-on-hand amount. Please provide the corrected total on the Summary Page.

-The beginning cash balance of this report should equal the ending balance of your 12 Day Pre-General Report. Please clarify this discrepancy and amend any subsequent report(s) that may be affected by this correction.

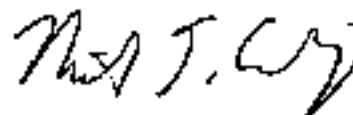
-Schedule B supporting Line 23 of your report discloses a contribution to the Alabama Republican Party; however, you have disclosed "Senator Shelby" in the purpose of disbursement field. Please clarify whether this was an earmarked contribution made by your committee through the Alabama Republican Party to this candidate, or if you made the contribution to the political committee exercising no direction or control over how the funds were to be used. If the latter is the case, please do not include the candidate's name in the purpose of disbursement field on future reports.

-Schedule B supporting Line 23 discloses a contribution(s) to a federal candidate(s) for debt retirement (pertinent portions attached). Please provide the election year and election designation (primary or general) to which this contribution(s) should be attributed.

MANUFACTURED HOUSING INSTITUTE POLITICAL ACTION COMMITTEE
(MHI PAC)
PAGE 3

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Nicholas T. Ebinger
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 11C

Other Political Committees

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Manufactured Housing Institute PAC

A. Full Name, Mailing Address and ZIP Code

Electwood PAC
8125 Myers Street,
Riverside, CA 92523

Name of Employer

Occupation

Date (month,
day, year)

10/30/2000

Amount of Each
Receipt this Period

15268.92

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date \$ 35537.84

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date \$

SUBTOTAL of Receipts This Page (optional)

15268.92

TOTAL This Period (last page this line number only)

15268.92

SCHEDULE B **ITEMIZED DISBURSEMENTS**
Contributions to Federal Candidates/Committees

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 4 OF 4
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Manufactured Housing Institute PAC

A. Full Name, Mailing Address and ZIP Code
Bill Nelson For U S Senate
Po Box 10962,
Tallahassee, FL 32302

Purpose of Disbursement
Nelson, Bill (SENATE-FL00)

Date (month,
day, year)
11/20/2000

Amount of Each
Disbursement This Period
2500.00

Disbursement for: ☐ Primary ☐ General
☒ Other (Debt/Retirement)

B. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month,
day, year)

Amount of Each
Disbursement This Period

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

C. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month,
day, year)

Amount of Each
Disbursement This Period

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month,
day, year)

Amount of Each
Disbursement This Period

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

E. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month,
day, year)

Amount of Each
Disbursement This Period

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

F. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month,
day, year)

Amount of Each
Disbursement This Period

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

G. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month,
day, year)

Amount of Each
Disbursement This Period

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

H. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month,
day, year)

Amount of Each
Disbursement This Period

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

I. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month,
day, year)

Amount of Each
Disbursement This Period

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

29000.00

